

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**63-028024**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 145

STATE FILE NUMBER

**FILED AUG 5 1963**

1. PLACE OF DEATH a. COUNTY <b>GRUNDY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>GRUNDY</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>TRENTON</b>		Length of stay in 1b <b>27 YEARS</b>	c. CITY OR TOWN <b>TRENTON</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT hospital or home) (If home, give location) HOSPITAL OR INSTITUTION <b>WHITEFIELD NURSING HOME</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>1914 MABLE ST.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) <b>LURA MAE COOPER</b>			4. DATE OF DEATH Month <b>JULY</b> Day <b>31</b> Year <b>1963</b>		
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2-19-1869</b>	9. AGE (last birthday) <b>94</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WIFE</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>HOME MAKER</b>	11. BIRTHPLACE (City and state or country) <b>LIVINGSTON CO., MO.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>NEWTON J. HICKS</b>	13b. MOTHER'S MAIDEN NAME <b>SARAH WOODS</b>	14. NAME OF HUSBAND OR WIFE <b>CHARLES COOPER</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>[REDACTED]</b>	17. INFORMANT Address <b>DAN RAYMOND COOPER: WAYNES, MICH.</b>
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18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Arteriosclerosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 mo</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Probably fracturing of hip</b>	
	DUE TO (c) <b>fall</b>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Fell on floor</b>
20c. TIME OF INJURY Hour <b>6:20</b> Month, Day, Year <b>7/2/63</b> a.m. p.m.		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>In home</b>	20f. CITY, TOWN, OR LOCATION <b>Trenton</b>	COUNTY <b>Grundy</b>	STATE <b>MO</b>
21. I attended the deceased from <b>7:10</b> to <b>July 31 63</b> and last saw her alive on <b>July 23 63</b> Death occurred at <b>7:10</b> A on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <b>E. J. [Signature]</b>	(Degree or title) <b>MD</b>	22b. ADDRESS <b>Trenton MO</b>	22c. DATE SIGNED <b>8/1/63</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>8/2/63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>MT. PLEASANT CEMETERY</b>	23d. LOCATION (City, town, or county) <b>LIVINGSTON COUNTY, MO.</b>
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24. FUNERAL DIRECTOR <b>NORMAN FUNERAL HOME: CHILlicothe, MO.</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>8-1-63</b>	26. REGISTRAR'S SIGNATURE <b>[Signature]</b>
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DO NOT WRITE ON THIS STUB  
 AMENDED  
 DATE AMENDED  
 1 0405  
 2 0405  
 3  
 4 1  
 5 2  
 6  
 7 0  
 8 2  
 9 9030  
 10 20  
 11 040  
 12 86-5  
 13 1-0  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 SHOULD READ  
 BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Elton J. Norman

Licensed Embalmer No. 4036

P. O. Address CHILlicothe, MISSOURI

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).-

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.